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FOLIO



MIAMI-DADE COUNTY

Property Tax Exemption Application 

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Check all Exemptions that apply. See Exemption Requirements for eligibility.

Owner's Name

Property Address

City &amp; Zip

**FILING DEADLINE  
MARCH 1**Legal  
Description:

Date of Deed \_\_\_\_\_ Book \_\_\_\_\_ Page \_\_\_\_\_

**HOMESTEAD EXEMPTION**☐ **\$25,000 Exemption**  
Complete **A B & G****WIDOW/WIDOWER EXEMPTION**☐ \$500 Exemption  
Complete **A B C & G****SENIOR EXEMPTION**☐ **Senior Citizen Exemption**  
Complete **A B E F & G****DISABILITY EXEMPTIONS**☐ \$500 CIVILIAN or Blind Persons Disability  
Complete **A B D & G**☐ \$5,000 VETERAN  
Complete **A B D & G**☐ Total & Permanent VETERAN  
Complete **A B D & G**☐ Total & Permanent Civilian  
Complete **A B D & G**

See instructions for more information.

**BOX A****Start here then go →**

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Applicant/Owner Name

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Florida Driver's License or Florida ID NUMBER

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Florida Voter's or Auto Tag NUMBER

**Birth Date**

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**Issue Date**

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**Issue Date**

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**Marital Status**

Circle one of the following:

Single

Married

Divorced

Separated

Widow/Widower

Date you moved into  
the property:

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Date you became a  
permanent Resident  
of Florida:

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Are you a U.S. Citizen? (Circle which applies)

YES

NO

If NO, then Complete Green Card Number &  
Issue Date**A COPY OF THE GREEN CARD, FRONT AND  
BACK MUST BE SUBMITTED WITH  
THIS APPLICATION**A 

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 Issue Date 

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**Now go to BOX B****BOX B****Continue →**

Complete your previous address


Did you receive  
Homestead  
Exemption at this  
address?

YES NO

Complete your Spouse's or  
additional residing owner's Name &  
Social Security Number


Complete your Spouse's or  
other residing owner's  
previous address


For additional  
owners, please  
attach an additional  
sheet detailing their  
information**BOX C****(WIDOW/WIDOWER)**Attach a Copy of the **Death Certificate** and  
mail with this application**BOX D****(ALL DISABILITIES)**Indicate the type of disability:  
Circle or write your response→ Quadriplegia  
ParaplegiaHemiplegia  
Legally blindService-Connected Disabled Veteran  
Other:**TURN OVER  
& SIGN!**

**BOX E (SENIOR EXEMPTION)**

Attach Additional Sheets, if necessary

Indicate whether each person listed to the left files a Federal Income Tax Return? (Circle which applies)

Birth date of each household member:

1

Applicant

YES

NO

Month Day Year

2

Household Member

YES

NO

Month Day Year

3

Household Member

YES

NO

Month Day Year

You **DO NOT** need to submit your Federal Income Tax Return unless you are asked to by this office

**BOX F (INCLUDE INCOME FOR ALL RESIDING OWNERS)**

Earned Income

\$

Taxable Investment Income

\$

Interest Income

\$

Rents

\$

Royalties

\$

Dividends

\$

Annuities

\$

Social Security Benefits

\$

Income From Retirement Plans

\$

Income From Pensions

\$

Income From Trust Funds

\$

Capital Gains (losses)

\$

Taxable Veterans Administration Benefits

\$

Other (specify)

\$

**Total Household Income  
For All Household Members**

\$

**OR Adjusted Gross Income Per All Income Tax Returns** \$**BOX G**

**Social Security Disclosure Note:** Disclosure of your social security number is mandatory. It is required by section 196.011, Florida Statutes. The social security number will be used to verify taxpayer identity, homestead exemption information submitted to property appraisers, and intangible tax information submitted to the Department of Revenue.

**I understand that section 196.131 (2) Florida Statutes** provides that any person that shall knowingly give false information for the purpose of claiming homestead exemption is guilty of a misdemeanor of the first degree, punishable by a term of imprisonment not exceeding 1 year or a fine not exceeding \$5,000 or both. Further, under penalties of perjury, I declare that I have read the foregoing application and the facts in it are true.

**I hereby authorize this agency to obtain information, from utility companies or any other source,** necessary to determine my eligibility for the exemption(s) applied for. If all information is not received by March 1st, my application will be processed for whatever exemptions I qualify for on that date.

**I hereby make application for the exemptions indicated** and affirm that I do qualify for the same under Florida Statutes. I am a permanent resident of the State of Florida and I own and occupy the property described above.

**I understand** that if I file this application before January 1 of the year for which I am applying and subsequently move out of the property before January 1, then I will notify the Property Appraiser's Office promptly as required by law.

**I also certify** that if filing for the additional Senior Citizen Exemption that I am at least 65 years of age as of January 1st of the year for which this exemption is applied and the total prior year adjusted gross income of all persons residing, excluding renters and boarders, on the property as of January 1st does not exceed statutory limits (see filing instructions).

**Notice: A Tax Lien can be imposed on your property pursuant to Section 196.161, Florida Statutes. Section 196.161 (1) provides:**

(1)(a) When the estate of any person is being probated or administered in another state under allegation that such person was a resident of that state and the estate of such person contains real property situate in this state upon which homestead exemption has been allowed pursuant to s. 196.031 for any year or years within 10 years immediately prior to the death of the deceased, then within 3 years after the death of such person the property appraiser of the county where the real property is located shall, upon knowledge of such fact, record a notice of tax lien against the property among the public records of that county, and the property shall be subject to the payment of all taxes exempt thereunder, a penalty of 50 percent of the unpaid

taxes for each year, plus 15 percent interest per year, unless the circuit court having jurisdiction over the ancillary administration in this state determines that the decedent was a permanent resident of this state during the year or years an exemption was allowed, whereupon the lien shall not be filed or, if filed, shall be canceled of record by the property appraiser of the county where the real estate is located. (b) In addition, upon determination by the property appraiser that for any year or years within the prior 10 years a person who was not entitled to a homestead exemption was granted a homestead exemption from ad valorem taxes, it shall be the duty of the property appraiser making such determination to serve upon the owner a notice of intent to record in the public records of the county a notice of tax lien against any property owned by that person in the county, and such property shall be identified in the notice of tax lien. Such property which is situated in this state shall be subject to the taxes exempted thereby, plus a penalty of 50 percent of the unpaid taxes for each year and 15 percent interest per annum. However, if a homestead exemption is improperly granted as a result of a clerical mistake or omission by the property appraiser, the person improperly receiving the exemption shall not be assessed penalty and interest. Before any such lien may be filed, the owner so notified must be given 30 days to pay the taxes, penalties, and interest.

Signature

Daytime Phone Number

Date

Signature

E-mail

Deputy

**WILL SUBMIT: (OFFICE USE ONLY)**